

February 22, 2017

I'm writing this letter in response to the proposed budget cut for CMHC by Governor Malloy. I have been working as the Director for Acute Services at the Connecticut Mental Health Center for the past 25 years. Acute Services is a walk-in psychiatric urgent care unit that also provides a mobile crisis service and crisis phone services to the community. The clients we serve are the individuals who cannot be treated in the local mental health clinics for many reasons. Given our prior budget cuts, we are barely touching the surface of the challenges this population faces every day. These include not being able to make appointments because of lack of transportation, needing after hours contact, large case management needs, lack of insurance (the working poor), interpreter services for the refugees and those who cannot present for consistent appointments. The reality is most clinics do not do a lot of case management because it is so time intensive. Also, when clients miss their appointments in the community, they can't see a prescriber for a period of time as the prescribers' time is always limited, so client's go days to weeks without medications. We are the only agency that can see people immediately and prescribe medications that day. Many are homeless and have no income because they can't hold a job or have a felony so no one will hire them. Socially many have little support and the recovery groups and events at CMHC have helped many clients move from patient to peer case managers. We are very lucky as we have a mobile crisis service that can respond to situations in the community quickly. We work closely with the police and are able to deflect some emergency room visits to CMHC where we can provide medication and daily visits.

Even though New Haven is a busy city, there are many people in the community who need assistance and have not been able to get help. I was asked to see a client who had not been able to leave her bedroom for several months. As a result she used a can to go to the bathroom and couldn't leave the room without going through a series of compulsive behaviors that didn't end, hence she didn't leave the room. Despite CMHC being down the street, the client endured this for months before we found her in the home through the mobile crisis service.

We were asked to evaluate this elderly woman who lived in a rundown home in New Haven. Someone had noticed that she had not changed her clothes for a year and called us. When we got to the home we found an elderly woman who was very depressed and admitted she had been depressed since her mother died 15 years ago. She was frail and wore soiled clothing and would not allow us in her home. It was not clear she had running water and she admitted her refrigerator was not working. However through the door we could see the house was very unkempt and unsafe. She had a bad hip and was in considerable pain but had not seen a medical provider. We were able to get her out of the home to a rehabilitation center and she has since returned home with supervision from the Elderly Protective Services. Without our services, she may never have been seen.

All of this to say we have been decreasing services for years. Recently because of budget cuts, the West Haven Clinic closed and we lost some of their clients. Our hours of service went from 8AM -10PM seven days a week in the mid 1990's. We then cut hours to 8AM -7:30PM seven days a week and now we operate 9AM – 5PM only five days a week. Our staff has been cut from a high of 12 to now a low of 5.5 full time equivalents. In January we had 150 client visits for an unduplicated count of 71 clients. We did 26 mobile outreach services in January. Despite the decrease in hours and people we continue to provide an essential service to our clients and to the New Haven community. This is our work.

Respectfully submitted,

Gail Sicilia, APRN
Director, Acute Services
Connecticut Mental Health Center